



The Nature Center Preschool "Where Kids Explore" Pre-Kindergarten Contract



Please circle your selection

9:00 - 11:30 a.m. Monday, Wednesday, Friday
12:30-3:00 p.m. Monday, Wednesday, Friday

_____ is enrolled in the Nature Center Pre-K class.

My child will attend Nature Center Pre-K from September 8, 2010 to May 13, 2011.

I agree to notify the teachers if my child will not be in attendance due to illness or vacation, etc.

I understand and accept responsibility for a monthly payment of \$120.00 for Pre-K classes payable to Lincoln Parks and Recreation on the first day of each month. I understand that late fees of \$15 per month for Pre - K classes will be applied if tuition is not paid by the tenth of the month. If children are not picked up promptly a fee of \$10 per 5 minutes will be charged.

I agree to pay an annual \$40 registration fee per child at the time of enrollment which will be applied to the May bill.

Parental Permission Form

I give permission for my child:

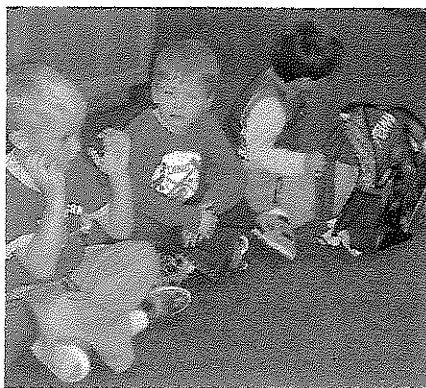
Yes / No

- | | | |
|-----|-----|---|
| ___ | ___ | To participate in outside activities that includes hikes around the Nature Center. |
| ___ | ___ | To be photographed for any newspaper, videotaping, television coverage, or promotional materials. |
| ___ | ___ | To participate in water and wading activities at the Nature Center. |
| ___ | ___ | To share child's name & phone number with Nature Center preschool families. |

Signature of parent/guardian

Date

"Where Kids Explore"



Child's Health Form

A copy of your child's immunization records must be included with your registration forms.

Child's Name _____

Age _____ Sex _____ Birth date _____

Family Physician _____

Phone # _____

Health History: (check and give approximate date)

Ear Infection _____ Rheumatic Fever _____ Diabetes _____ Convulsions _____

Behavior Problems _____

Allergies: Hay Fever _____ Insect Stings _____ Penicillin _____ Egg _____

Chocolate _____ Peanuts _____ Milk Products _____ Other _____

Date of last tetanus shot _____ Operations or serious injuries or illness _____

Restrictions to activities _____

Fears (insects, water, heights, animals, etc.) _____

Recent event that could cause an emotional problem (death in family, divorce, etc.) _____

Does your child take medication? _____ If so, what kind? _____

Special concerns: (glasses, hearing aids, etc.) _____

Pioneers Park Nature Center

2740 "A" St

Lincoln, NE 68502

402-441-7895

Receipt # _____

Amount pd _____

Date _____

Name of child: _____

Siblings _____

Consent to Contact Physician in Emergency

In the event that I/We cannot be reached in an emergency, I hereby give permission to the physician selected by the Nature Center to secure proper treatment for hospitalization, order injection, anesthesia, or surgery for my child as named above. I understand the Nature Center does not carry health and accident insurance and that I, as Guardian, will be responsible for any bills incurred. I also give permission to transport my child off the Nature Center property for the purpose of medical care.



Signature of Parent _____ Insurance Co. _____

Policy # _____

Parent/Guardian Information

Mother's name: _____

Father's name: _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Emergency Contacts Other Than Parent(s) or Authorized Persons To Whom Your Child May Be Released:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

The Nitty Gritty

For your child's safety and our record keeping, parents are required to sign in with the date and their initials next to the child's name. When leaving at the end of the day, parents sign out in the same way. If someone different will be picking up your child, please inform the teacher. If that person is unfamiliar to the teacher, a photo id will be required.

My child will attend Nature Center Pre-K from September 8, 2010 to May 13, 2011. I agree to notify the teachers if my child will not be in attendance due to illness or vacation, etc.

I understand and accept responsibility for a monthly payment of \$120.00 for Pre-K classes payable to Lincoln Parks and Recreation on the first day of each month. I understand that late fees of \$15 per month for Pre - K classes will be applied if tuition is not paid by the tenth of the month. If children are not picked up promptly a fee of \$10 every 3 minutes will be charged.

I agree to pay an annual \$40 registration fee per child at the time of enrollment which will be applied to the May bill.



Inclement Weather

When in doubt, please call the Nature Center for confirmation on closing.

Medication

Since your child is only at the Nature Center PreK for 2 1/2 hours, our preference is that medications be given at home before or following Pre-K.

Illness

We will call you if your child is not feeling well. Parents will be notified if their child has been exposed to any communicable disease such as chicken pox, impetigo, head lice, scabies, pinworms, strep throat, pinkeye, or giardiasis.



If your child has been sick, please follow the guidelines to readmit your child to the Nature Center Pre-K:

- * Chicken pox: After the pox marks are no longer weeping and feel dry. Usually between 5 to 7 days.
- * Impetigo: 36 hours after treatment begins.
- * Head lice: After treatment begins and when all evidence of lice/eggs is gone.
- * Scabies: After treatment begins
- * Pinworms: After treatment begins
- * Strep throat: 36 hours after treatment begins
- * Pinkeye: 36 hours after treatment begins
- * Giardia: After treatment begins and child has been diarrhea free for 36 hours.
- * Shigella, hepatitis, meningitis, and other conditions not otherwise described: specific recommendations based on physician's advice.

Nature Center Preschool

441-7895